



CITY OF WHITE PLAINS

DEPARTMENT OF BUILDING

7-11 South Broadway - Suite 100, White Plains, New York 10601

Phone: (914) 422 - 1269* Fax: (914) 422 - 1471

Reset Form

<http://www.cityofwhiteplains.com/>

Print Form

APPLICATION TYPE:

- MULTI-FAMILY DWELLINGS & COMMERCIAL CONSTRUCTION
 RESIDENTIAL (ONE & TWO FAMILY DWELLINGS)

PERMIT TYPE: (ONLY ONE PERMIT PER APPLICATION FORM)

LEGALIZATION \$500.00

- | | | |
|---|---|--|
| <input type="checkbox"/> Building (no volume added) | <input type="checkbox"/> HVAC | <input type="checkbox"/> Central Vacuum |
| <input type="checkbox"/> Grading /Excavation | <input type="checkbox"/> Kitchen Exhaust | <input type="checkbox"/> Scaffold |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Bunting |
| <input type="checkbox"/> Updated & Substitute C.O. | <input type="checkbox"/> Boiler | <input type="checkbox"/> Hoisting |
| <input type="checkbox"/> Temporary Structures | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Sign, Awning & Canopy |
| <input type="checkbox"/> Vertical Transportation | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Generator | <input type="checkbox"/> Low Voltage Permit |

Application #: Date Filed: Reviewed by: Ins:

Estimated Cost of Work: Fee Amount: Receipt #:

Permit #: Date Issued: CEO: Eng:

Site Address: SBL: Zone: Set Back:

Unit #: Floor #: Sq Ft : Present Use & Occupancy:

Sprinkler: Construction Type : Proposed Use & Occupancy:

Work Description:

Applicant: Address:

Contact: CELL: PHONE: FAX:

Contractor: Address:

Contact: CELL: PHONE: FAX:

Engineer or Architect: Address:

Contact: CELL: PHONE: FAX:

Owner or Tenant: Address:

Contact: CELL: PHONE: FAX:

I, _____ being duly sworn, disposes and says: that _____
(PRINT NAME) (OWNER, AGENT, BUILDER, CONTRACTOR) (PRINT NAME OWNER)

is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained here are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations.

Applicant Sworn Before Me This
____ Day of _____ 20 ____

Signature of Applicant/Contractor _____ Westchester County License# _____ Unique # & NYS #(Fire Alarm Only) _____

(NOTE: The filing of this application does not constitute a permit to commence construction)

NOTARY PUBLIC

Section VIII - BUILDING OWNER CERTIFICATION (If applicable): *(To be signed by Owner)*

I, _____, hereby certify that i have full knowledge of the proposed alteration at my property as described herein and take no exception to such activity.

Signature of Property Owner _____ Date _____ Print Name & Title. _____

Note: An authorization letter granting the above signed applicant permission to submit this application can be attached to application, in lieu of completeing owner certification.
Owner signature not required if work is being done under a Parent Building Permit.
Applicant must provide Parent Building Permit number : _____

GENERAL FILING INSTRUCTIONS : *(Building Short Form - No Volume Added)*

1. Complete application and have it notarized.
 2. File in person at Building Department.
 3. Filing hours are Monday through Friday from 9:00 am to 1:00 pm only.
 4. Provide copies of all licenses.
 5. Provide certificates of insurance made out to The City of White Plains as Holder.
 - a) General Liability showing The City of White Plains as additionally insured for \$1,000,000 coverage /occurance.
Exception: Homeowners shall provide General Liability showing City of White Plains as additionally insured for \$500,000 coverage/occurance or provide \$1,000,000 umbrella policy.
 - b) Automobile Liability for \$1,000,000 coverage CSL.
 - c) Statutory Worker's Compensation.
Exception: Contractors with no employees, submit completed NYS Worker's Compensation Board Form#CE-200(06-08).*
: Homeowners with no employees, submit stamped NYS Worker's Compensation Board Form#BP-1(9-07).
 - d) Statutory N.Y. State Disability.
Exception: Contractors with no employees, submit approved NYS Worker's Compensation Board Form#CE-200(06-08).*
: Homeowners with no employees, submit stamped NYS Worker's Compensation Board Form#BP-1(9-07).
 6. Refer to individual instructions for each specific Permit Type. (See below)
 7. Incomplete applications will not be processed and will be considered abandoned after six months.
 8. Provide all fees in form of check or Money Order payable to The City of White Plains.
 9. Engineers are only available for review & consultations from 9am - 1pm.
 10. Legalization work requires signed & sealed drawings and certification letter generated by a NYS licensed Design Professional.
- * CONTRACTOR UNDERSTANDS PERMIT ISSUANCE WILL BE DELAYED WITHOUT RECEIPT OF APPROVED FORM#CE-200(06-08).
Note: If applicant is not owner of premises, an authorization letter granting the above signed applicant permission to submit this application shall be affixed to this application or owner certification must be completed prior to submission of this application. Owner signature not required if work is being done under a Parent Building Permit. Applicant must provide Parent Building Permit number.

ADDITIONAL FILING INSTRUCTIONS : *(SPECIFIC INSTRUCTIONS AVAILABLE BY PERMIT TYPE)*

1. PLUMBING PERMIT requirements.
2. MECHANICAL PERMIT requirements:
 - a) Central Vacuum Systems.
 - b) Oil tanks.
 - c) Chimney Re-Lining
 - d) Battery Room
3. DEMOLITION requirements.
4. HVAC PERMIT requirements.
5. BOILER PERMIT requirements.
6. KITCHEN EXHAUST PERMIT requirements.
7. FIRE ALARM PERMIT requirements.
8. FIRE SUPPRESSION PERMIT requirements.
9. FENCE & WALL requirements.
10. SIGN & AWNING requirements. (Design Review Board Agenda Requirements)
11. RIGGING & HOISTING requirements.